



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury, VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 871-3317
To Report Adult Abuse: (800) 564-1612
Fax (802) 871-3318

May 18, 2012

Ms. Rachael Parker, Administrator
Starr Farm Nursing Center
98 Starr Farm Rd
Burlington, VT 05408-1396

Provider #: 475030

Dear Ms. Parker:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **March 28, 2012**. Please post this document in a prominent place in your facility.

We may follow up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN, MS
Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Division of

APR 19 12

PRINTED: 04/05/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 475030	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Licensing and Protection	(X3) DATE SURVEY COMPLETED C 03/28/2012
NAME OF PROVIDER OR SUPPLIER STARR FARM NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 98 STARR FARM RD BURLINGTON, VT 05408		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS	F 000			
F 280 SS=D	<p>The Division of Licensing and Protection conducted an unannounced on-site complaint investigation on 3/28/12. A federal regulatory violation was cited as a result.</p> <p>483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP</p> <p>The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.</p> <p>A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to revise the plan of care for 1 applicable resident in the sample (Resident #1). Findings include:</p> <p>Per record review on 3/28/12 at 10:35 A.M.,</p>	F 280	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>F 280 Right to Participate Planning Care – Revise CP</p> <p>Resident #1 is no longer at our facility.</p> <p>Charts will be audited to ensure code status on the care plan accurately reflects the resident's wishes.</p> <p>SDC/designee will provide education for staff that complete the code status care plan to ensure accuracy with changes.</p> <p>Monthly audits (x3months) of code status care plans will be completed and presented to the PI committee. Identified issue will be addressed and the plan changed as needed.</p> <p><i>PDC accepted [Signature]</i></p>	Date 4/25/2012	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Rachael Parker executive Director 4/17/12

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 280	Continued From page 1 Resident #1's code status was not changed on the care plan to accurately reflect his/her wishes. Per review of the clinical record, the care plan for advanced directives indicated that Resident #1 was a full code. Discharge documents from a local hospital dated 1/18/12, the day of Resident #1's admission to this facility, indicated that the Resident was a Do Not Resuscitate (DNR) code status. Additionally, the Resident's living will indicated that no extraordinary measures be taken. A physician order dated 1/18/12 indicated that the Resident was a DNR. A Social services note dated 1/19/12 indicated that "she is DNR per her request". On 3/28/12 at 11:02 A.M., the writer of the Social Services note stated that h/she was responsible for the advanced directives plan of care and confirmed that the plan of care should have been revised to reflect the Resident's wishes.	F 280			